

CAMPAIGN FINANCE REPORT

PAGE 1 OF 1

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: ANN McHALE									
Street Address: 150 BARRYMORE LANE									
City: BETHLEHEM				State: PA		Zip Code: 18017			
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT	YES	NO
	1ST TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	30 DAY POST-ELECTION	6.	TERMINATION REPORT	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: NORTHAMPTON COUNTY COUNCIL District 1					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR 11 6 2007		1	OTH	DEM
									48
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO. DAY YEAR 6 4 2007		To		MO. DAY YEAR 10 22 2007		FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report								ENTERED 2007 OCT 25 P NORTHAMPTON CO ELECTION OFFICE EASTON, PA 18046	
B. Total Monetary Contributions and Receipts (From Schedule I)									
C. Total Funds Available (Sum of Lines A and B)									
D. Total Expenditures (From Schedule III)									
E. Ending Cash Balance (Subtract Line D from Line C)									
F. Value of In-Kind Contributions Received (From Schedule II)									
G. Unpaid Debts and Obligations (From Schedule IV)									

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this: 24 day of Oct 2007

Tammie L. Caruso
 COMMONWEALTH OF PENNSYLVANIA
 My commission expires June 11, 2011
 City of Bethlehem, Northampton County
 My Commission Expires June 11, 2011

Ann McHale
 Signature of Person Submitting Report
ANN McHALE
 Printed Name
610
 Area Code
610-691-3080
 Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this: _____ day of _____ 20____

 Signature

 Printed Name

 Area Code

 Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CAMPAIGN FINANCE REPORT

PAGE 1 OF 4

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ANN McHALE									
Street Address: 750 BARRYMORE LAKE									
City: BETHLEHEM				State: PA		Zip Code: 18017 -			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD 1. CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate: NORTHAMPTON COUNTY COUNCIL DISTRICT 1					DATE OF ELECTION MO. DAY YEAR 11 6 2007		District Number 1	Office Code OTH DEM	County Code 48
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO. DAY YEAR 6 4 2007		To		MO. DAY YEAR 10 22 2007		FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report		\$		760.90		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> ENTERED 2007 OCT 25 P 3:32 NORTHAMPTON COUNTY ELECTION OFFICE EASTON, PA 18042 </div>			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		750.00					
C. Total Funds Available (Sum of Lines A and B)		\$		1500.90					
D. Total Expenditures (From Schedule III)		\$		398.77					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		1112.13					
F. Value of In-Kind Contributions Received (From Schedule II)		\$		-					
G. Unpaid Debts and Obligations (From Schedule IV)		\$		1.000.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of Oct 20 07

COMMONWEALTH OF PENNSYLVANIA

Notary Seal
Tammie L. Caruso, Notary Public
City of Bethlehem, Northampton County
My Commission Expires June 11, 2009

DAY YR.

Signature of Person Submitting Report

EDWARD L. REDDING
Printed Name

610
Area Code

818-0111
Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

24 day of Oct 20 07

Signature

COMMONWEALTH OF PENNSYLVANIA
Notary Seal
Tammie L. Caruso, Notary Public
City of Bethlehem, Northampton County
My Commission Expires June 11, 2009

DAY YR.

Signature of Candidate

Ann McHale
Printed Name

610
Area Code

691-3080
Daytime Telephone Number

Notary Seal
Tammie L. Caruso, Notary Public
City of Bethlehem, Northampton County
My Commission Expires June 11, 2009

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Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate FRIENDS OF AMN McHALE	Reporting Period From 6-4-07 To 10-22-07
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Full Name of Contributing Committee				DATE			AMOUNT
High Valley Association of Realtors Political Action				MO	DAY	YEAR	
Mailing Address				10	12	2007	\$ 750.00
10 S. Commerce Way				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Bethlehem	PA	18017-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
		-					\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 750⁰⁰-

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS of Ann McHALE	Reporting Period From 6-4-07 To 10-22-07
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To Whom Paid Bethlehem City Democratic Committee	MO. 7 DAY 2 YEAR 2007	Amount \$ 60.00
Mailing Address 46 526 Wood Street	Description of Expenditure Tickets	
City Bethlehem State PA Zip Code (Plus 4) 18018-		
To Whom Paid SANDRA VULCANO	MO. 10 DAY 5 YEAR 2007	Amount \$ 338.77
Mailing Address 531 Philadelphia Road	Description of Expenditure SIGNS	
City EASTON State PA Zip Code (Plus 4) 18042-		
To Whom Paid	MO. DAY YEAR	Amount \$
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	MO. DAY YEAR	Amount \$
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	MO. DAY YEAR	Amount \$
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	MO. DAY YEAR	Amount \$
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	MO. DAY YEAR	Amount \$
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 398.77

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate FRIENDS OF ANN McHALE	Reporting Period From 6-4-07 To 10-22-07
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Name of Creditor ANNA T McHALE				Outstanding Balance of Debt \$ 1,000.00	
Mailing Address 750 BARRYMORE LANE	DATE DEBT INCURRED	MO. 3	DAY 12	YEAR 07	
City BETHLEHEM		State PA	Zip Code (Plus 4) 18017		
Description of Debt Loan to Campaign					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) —		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) —		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) —		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) —		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) —		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 1,000.00